

**DECLARATION FOR UTILITY OR  
DESIGN PATENT APPLICATION**  
(37 CFR 1.63)

— Unsigned Declaration  
Submitted with Initial Filing

OR

X Declaration  
Submitted after Initial  
Filing (surcharge (37  
CFR 1.16(e)) required)

Attorney Docket Number	SUN-66P
First Named Inventor	Roger BRIESEWITZ
<b>COMPLETE IF KNOWN</b>	
Application Number	09/316,932
Filing Date	5/21/99
Group Art Unit	1646
Examiner Name	n/a

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**BIFUNCTIONAL MOLECULES AND THERAPIES BASED THEREON**

the specification of which:

— is attached hereto

OR

X was filed on 5/21/99 as United States Application Number 09/316,932.

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
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I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/086,451	05/22/98

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application(s) designating the United States of America, listed below.

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Name	Registration Number	Name	Registration Number
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Carol L. Francis	36,513	Pamela J. Sherwood	36,677
Dianna L. DeVore	42,484	Paula A. Borden	42,344
Renee A. Fitts	35,136		

**DIRECT ALL CORRESPONDENCE TO:**

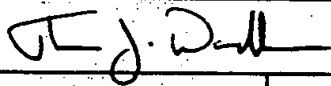
Name	Bret E. Field				
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Address	285 Hamilton Avenue, Suite 200				
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Country	U.S.A.	Telephone	650-327-3400	Facsimile	650-327-3231

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Given Name (first and middle [if any])				Family Name or Surname			
Roger				BRIESEWITZ			
Inventor's Signature						Date	
Residence: City	Mountain View	State	CA	Country	US	Citizenship	Germany
Post Office Address	2645 California Street, Apt. 217						
Post Office Address							
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<b>Name of Second Inventor:</b>							
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Gerald R.				CRABTREE			
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Post Office Address	7 Durham Road						
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<b>Name of Third Inventor:</b>							
Given Name (first and middle [if any])				Family Name or Surname			
Thomas				WANDLESS			
Inventor's Signature						Date	14 July 99
Residence: City	Menlo Park	State	CA	Country	US	Citizenship	US
Post Office Address	900 Cambridge Avenue						
Post Office Address							
City	Menlo Park	State	CA	Zip	94025	Country	US

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Kurt William				VOGEL			
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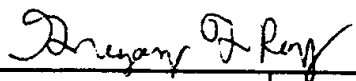
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FOOTNOTES



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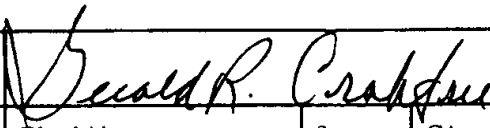
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Application Number(s)	Filing Date (MM/DD/YYYY)
60/086,451	05/22/98

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application(s) designating the United States of America, listed below.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

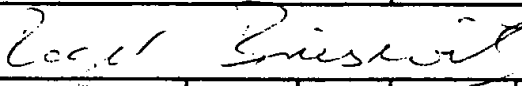
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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